



UNIVERSITY OF CAPE COAST

OFFICE OF INTERNATIONAL RELATIONS



CONFIRMATION OF SELECTED COURSES FOR EXCHANGE PROGRAMME

This confirmation of courses form has been designed by the Office to ensure that courses selected for the exchange programme are officially approved by the student's department. It provides the necessary basis for recognition of courses, credits and grade transfer, safeguarding the student's academic progress and aligning studies abroad with degree requirements at the University of Cape Coast.

No.	Approved Courses at Host Institution		Corresponding Courses at University of Cape Coast	
	Course Code and Title	Credit Hours	Course Code and Title	Credit Hours
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Total Credit Hours			Total Credit Hours	

DECLARATION

Head of Department

I, the undersigned Head of Department, hereby declare that the courses listed above have been reviewed and approved as part of the student's academic programme. In the event of any unforeseen changes to the approved courses while abroad, I undertake to review and determine the suitability of any new or substituted courses for credit recognition and grade transfer. This affirms the department's responsibility to safeguard the student's academic progress and ensure alignment with the requirements of the University of Cape Coast.

Full Name: _____

Department: _____

Signature: _____

Date: _____

Place Stamp Here:

Student

I, the undersigned student, acknowledge that the courses listed above have been approved for study during my exchange programme. In the event of any unforeseen changes to the approved courses while abroad, I undertake to promptly notify the Head of Department and the Office of International Relations. I understand that any new or substituted courses must receive formal approval from my home department to qualify for credit recognition and grade transfer. I further accept that failure to obtain such approval may result in non-transfer of credits or exclusion of grades from my academic record.

Full Name: _____

Department: _____

Host Institution: _____

Signature: _____

Date: _____